

REMARKS/ARGUMENTS

Claims 24-28 and 31-50 are pending. Claims 24, 27, 28, 31, 32, and 37-46 have been amended. Claims 29 and 30 have been canceled without prejudice or disclaimer. New claims 47-50 have been added. No new matter has been added; see, for example, page 3, paragraph [0038] and page 4, paragraph [0045].

Claims 24-26, 29-35, 37-42, and 44-46 are rejected under 35 U.S.C. §103(a) as being unpatentable over Lewis (U.S. Patent Application Publication Number 2001/0041992) in view of Jones (U.S. Patent Number 6,516,324).

Claim 24 is directed to a method for generating a patient report comprising in part “presenting a list of pre-defined report types, each report type comprising a plurality of pre-defined associated organs and containing supplied medical descriptions of the associated organs : . . .” In other words, a report type encompasses **body sections** such as “(a) Male Chest, Abdomen and Pelvis CT, (b) Male Brain, Chest, Abdomen and Pelvis CT, (c) Female Chest, Abdomen and Pelvis CT, (d) Female Brain, Chest, Abdomen and Pelvis CT, (e) Virtual Colonoscopy, (f) Coronary Scoring, (g) Coronary Scoring with Consult, (h) Chest CT, (i) Abdomen CT, (j) Chest and Abdomen CT, (k) Male Abdomen and Pelvis CT; and (l) Female Abdomen and Pelvis CT” at paragraph [0015]. Body sections comprise multiple organs. All the diagnoses of the organs in the body sections are reported.

Lewis’ anatomic user interface limits the user to selecting **one organ at a time** for reporting. To identify an organ, Lewis’ anatomic user interface starts at the entire human body (Figure 4A, element 402), proceeds to an organ system, and so on until an organ is reached: “The logic implemented by the anatomic user interface 58 to enable a user to drill down from the high-level anatomic model 402 to a particular surface or internal anatomic structure to be treated, and ultimately to order healthcare services for the anatomic structure, is shown in more detail in FIGS. 5A-5C.” at page 8, paragraph [0061]. This “drill down” process goes through several levels

before reaching individual organs: “each anatomic structure of the human anatomy (including the organ system) may be divided into further first-level substructures and each first-level anatomic substructure may be divided into further second-level anatomic substructures, and so on to an nth level of substructures” at page 8, paragraph [0065]. Lewis’ anatomic user interface is designed to identify one organ and not whole body sections worth of organs at a time: “After the anatomic structure retrieval subroutine receives the appropriate anatomic structure [i.e., the one organ] from the anatomic data model 84, the subroutine ends” at page 9, paragraph [0071]. Moreover, when one organ is reached, a code is reported to order health care services. However, this code does not constitute a report on a plurality of organs as recited in the pending claims. Therefore, Lewis does not teach or even suggest “presenting a list of pre-defined report types, each report type comprising a plurality of pre-defined associated organs” and “for each associated organ presenting a list of applicable medical descriptions and receiving a selected applicable medical description.”

Jones teaches a means to generate a query for a database of equipment operational data. Jones’ “Standardized Reports” web page is for selecting fields to construct a database query: “a user may define parameters of a desired scanner utilization report by navigating to a service center home web page (not shown) and then clicking on a Standard Reports link on the home web. This causes the Standard Reports web page 40, shown in FIG. 3, to be displayed on the user's workstation display screen. . . .” at Col. 7, lines 24-29.

Jones’ “Standardized Reports” web page serves only to allow a user to create database query about equipment operational data such as “facility, department, modality, scanner, report category, report name, chart type, data slice, and relevant time period covered by the report.” at col. 7, lines 36-39. There is no teaching that would suggest a report about the medical conditions of a body section. Moreover, Jones could not be combined with Lewis to obtain the present invention because Lewis clearly teaches drilling down to a single organ and reporting on that single organ. No matter how Lewis and Jones are combined, one of ordinary skill would not arrive at the recited “presenting a list of pre-defined report types, each report type

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comprising a plurality of pre-defined associated organs” and “for each associated organ presenting a list of applicable medical descriptions and receiving a selected applicable medical description.”

Independent claims 37 and 44 contain similar limitations and should be allowed by the same rationale.

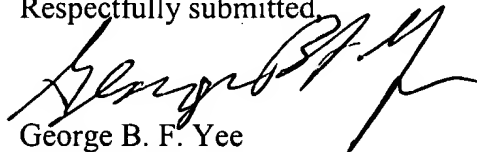
For any of the foregoing reasons, the §103 rejection of the claims are believed to be overcome.

CONCLUSION

In view of the foregoing, Applicants believe all claims now pending in this Application are in condition for allowance and an action to that end is respectfully requested.

If the Examiner believes a telephone conference would expedite prosecution of this application, please telephone the undersigned at 650-326-2400.

Respectfully submitted,



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